

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

To:

JENNIFER K. ROSENFELD
EDWARDS & ANGELL, LLP
PO BOX 55874
BOSTON, MASSACHUSETTS 02205

PCT

NOTIFICATION CONCERNING PAYMENT OF PRESCRIBED FEES

(PCT Rules 14, 15 and 16 and Administrative
Instructions, Sections 102bis(c), 304,
323(b), 707(b) and 803)

Date of mailing
(day/month/year)

25 Aug 2004

Applicant's or agent's file reference

59441-PCT

PAYMENT DUE

see item 3 for time limits

International application No.

PCT/US2004/021637

International filing date/Date of receipt
(day/month/year)

06 Jul 2004

Priority date (day/month/year)

06 Jul 2003

Applicant

ROGER WILLIAMS MEDICAL CENTER

EDWARDS & ANGELL, LLP
IP DUCKERINO DEPT. (BOS)

1. The applicant is hereby notified that this receiving Office has received:



the payment of all the prescribed fees, and



an overpayment, which will be refunded in due course.



no or insufficient payment of the prescribed fees and the applicant is hereby invited to pay the balance due, as summarized under item 2, within the time limit(s) indicated under item 3.

2. Fees and payment calculation:

2,474.00

Total fees payable

2,474.00

Amount paid

=

0.00

Balance



The details of the calculation are given in the Annex.

3. Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.4 and 16.1(f)):



within ONE MONTH from the date of receipt of the international application (for the transmittal fee (if any), the search fee and the international filing fee). The amount payable for each fee is the amount applicable on the date of receipt of the international application.



within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):



The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office

Mail Stop PCT, Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Facsimile No. 703-305-3230

Authorized officer

Mark Hogarth

Telephone No. 703-305-3749

**ANNEX TO FORM PCT/RO/102
CALCULATION OF THE PRESCRIBED FEES**

International application No.
PCT/US2004/021637

T Transmittal Fee

Prescribed amount: 300.00 **T**
 Amount paid: 300.00
 Balance: = 0.00

☒ correct amount
☐ overpayment
☐ balance due

S Search Fee

Prescribed amount: 1,000.00 **S**
 Amount paid: 1,000.00
 Balance: = 0.00

☒ correct amount
☐ overpayment
☐ balance due

I International Filing Fee

Fixed amount for first 30 sheets: 1,134.00 **i1**
 $\frac{0}{\text{Number of sheets in excess of 30}} \times \frac{12.00}{\text{Fee per sheet}} = 0.00$ **i2**
 Additional component: . . . 400 $\times \frac{0.00}{\text{Fee per sheet}} = 0.00$ **i3**

Reduction where the international application is filed
 (See PCT Applicant's Guide, Volume I, General Part,
 for details on the availability of this reduction):

using the PCT-EASY software: 0.00 **r**
 or
 in electronic form where the text of the
 description, claims and abstract is not in
 character coded format: 0.00 **r**
 or
 in electronic form where the text of the
 description, claims and abstract is in character
 coded format: 0.00 **r**

Sub-total: = 1,134.00 **i1+i2+i3-r**

Prescribed total amount (The amount to be entered at I is the sub-total
 entered at (i1+i2+i3-r), except where the applicant is (or all applicants
 are) entitled to a reduction of 75%, in which case the amount to be
 entered at I is 25% of the sub-total (i1+i2+i3-r); certain applicants from
 certain States are entitled to a reduction of 75% of the international
 filing fee; see Notes to the Fee Calculation Sheet as annexed to the
 Request Form, PCT/RO/101, for details):

. 1,134.00 **I**
 Amount paid: 1,134.00
 Balance: = 0.00

☒ correct amount
☐ overpayment
☐ balance due

P Fee for Priority Document

Prescribed amount: 40.00 **P**
 Amount paid: 40.00
 Balance: = 0.00

☒ correct amount
☐ overpayment
☐ balance due